



RECEIVED
CENTRAL FAX CENTER

JAN 18 2005

Anne E. Brookes
Senior Counsel
ConocoPhillips Company
600 N. Dairy Ashford (77079-1175)
P. O. Box (77210-4783)
Houston, Texas
Telephone: (281) 293-2542
Fax: (281) 293-2127
Email: anne.e.brookes@conocophillips.com

TELECOPY TRANSMITTAL

TRANSMISSION DATE: January 18, 2005

PLEASE DELIVER THE FOLLOWING FAX TO:

NAME

EBC at U.S. Patent and Trademark Office

FAX NUMBER

(703) 872-9306

SUBJECT: USSN 10/755,629 and USSN 10/851,490

MESSAGE: See attached Change of Correspondence Address forms.

NUMBER OF PAGES TRANSMITTED: 3 (INCLUDING THIS PAGE)
HARD COPY **WILL FOLLOW OR** **X** **WILL NOT FOLLOW**
PLEASE CALL Joan Rondeau at (281) 293-2048 IF NOT RECEIVING PROPERLY.

UNLESS OTHERWISE INDICATED, THE INFORMATION CONTAINED IN THE FACSIMILE MESSAGE IS PROTECTED BY THE ATTORNEY/CLIENT AND/OR ATTORNEY WORK PRODUCT PRIVILEGES. IT IS INTENDED ONLY FOR THE INDIVIDUAL NAMED ABOVE. THE PRIVILEGES ARE NOT WAIVED BY VIRTUE OF TELECOPYING THIS MESSAGE. THE READER OF THIS FACSIMILE MESSAGE IS HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE COMMUNICATION CONTAINED HEREIN (EXCEPT FOR DELIVERY TO THE ABOVE NAMED INDIVIDUAL) IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA UNITED STATES POSTAGE. WE WILL REIMBURSE YOU FOR YOUR TELEPHONE AND POSTAGE EXPENSE. THANK YOU.

PTO/SB/122 (06-03)

Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS****Application**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/755629
Filing Date	01/12/2004
First Named Inventor	Todd W. Dixon
Art Unit	1764
Examiner Name	Unknown
Attorney Docket Number	IR 40023/IN 34105

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number:

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 33066
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name **Anne E. Brookes**

Signature *Anne E Brookes*

Date **January 18, 2005**

Telephone **281-293-2542**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☐ FADED TEXT OR DRAWING
- ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☐ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.